

BUSINESS REPORT

**MONTANA HOUSE OF REPRESENTATIVES
61st LEGISLATURE - REGULAR SESSION**

**HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN
SERVICES COMMITTEE**

Date: Tuesday, February 3, 2009
Place: Capitol

Time: 8:00 am
Room: 102

BILLS and RESOLUTIONS HEARD:

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Add Postponed (PP) when appropriate:

EXECUTIVE ACTION TAKEN:

Prefix (HB, HR, HJR, SB, SR, or SJR) and number. Enter P(pass) F(failed) DPAA (do pass as amended) BC(be concurred in) BCAA (be concurred in as amended):

PL20018-p NP20017-p PL10006-p PL10007-p

PL10019-p PL22220-p NP10015-p NP10016-p

COMMENTS: Discussion with the Child and Family Services
Division



REP. Teresa K. Henry, Chairman

HOUSE OF REPRESENTATIVES
Roll Call
HEALTH AND HUMAN SERVICES SUBCOMMITTEE

DATE: ~~1/16~~/09 2/3/09

<u>NAME</u>	<u>PRESENT</u>	<u>ABSENT/ EXCUSED</u>
REP. TERESA HENRY, CHAIR	✓	
SEN. DAVE LEWIS, VICE CHAIR	✓	
SEN. JOHN ESP		✓
SEN. TRUDI SCHMIDT	✓	
SEN. DAVID WANZENRIED	✓	
REP. PENNY MORGAN		✓
REP. CAROLYN PEASE-LOPEZ	✓	
REP. DON ROBERTS	✓	

**AUTHORIZED
SENATE COMMITTEE PROXY**

Joint Subcommittee on

I request to be excused from Health & Human Services Committee because of other commitments. I desire to leave my proxy vote with:

Sen. Dave Lewis

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT

AYE NO

DP 20018	X	
DP 20017	X	
PL 10006	X	
PL 10007	X	
PL 100019	X	
NR 10015	X	
DR 10016	X	
PL 22220	X	

BILL/AMENDMENT

AYE NO

Sen. _____

(Signature)

Date 2-03-09

**AUTHORIZED
COMMITTEE PROXY**

I request to be excused from the Health & Human Service Joint Sub -
Committee
Committee because of other commitments. I desire to leave my proxy vote with:

Sen. Dave Lewis

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT	AYE	NO	BILL/AMENDMENT	AYE	NO
PL 20018	X				
NP 20017	X				
PL 10006	X				
10007	X				
10019	X				
10015	X				
10016	X				
PL 22220	X				

Rep.

Penny Morgan
(Signature)

Date

2/3/2009

AUTHORIZED COMMITTEE PROXY

I request to be excused from the HEALTH AND HUMAN SERVICES APP. SUBCOMMITTEE

Committee because of other commitments. I desire to leave my proxy vote with:

SEN. SCHMIDT

Indicate Bill number and your vote Aye or No. If there are amendments, list them by name and number under the bill and indicate a separate vote for each amendment.

BILL/AMENDMENT

AYE NO

BILL/AMENDMENT

AYE NO

#90 DP 2004	X	
DP 20017	X	
PL 10006	X	
10007	X	
10019	X	
10015	X	
10016	X	
PL 2220	X	

SEN.

Rep.

UNZERRIED

(Signature)

Date 2-03-09

**Montana House of Representatives
Visitors' Register**

ASC - HEALTH & HUMAN SERVICES

Date 2/03/09

Bill Nos. _____ **Sponsor(s)** _____

PLEASE PRINT

PLEASE PRINT

PLEASE PRINT

Name	Representing	Bill No.	Support	Oppose	Info.
<i>Audree Delgadich</i>	<i>—</i>				
<i>AART Dolman</i>	<i>—</i>				
<i>Twila Costigan</i>	<i>Foster/Adoptive</i>				
<i>Ream Tolkner</i>	<i>CFSD</i>				

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.